

Bjorn Bie, M.D.
Eric Stein, M.D.
Arthur Lauretano, M.D.
Vijay Nayak, M.D.
Jessica Hootnick, M.D.
Vishnu Kannabiran, M.D.
Scott Finlay, M.D.
Katherine Nickley, M.D.
Ashley Swanson, PA-C



MASSACHUSETTS
EAR, NOSE AND THROAT ASSOCIATES

3 Meetinghouse Road
Chelmsford, MA 01824
280 Main Street
Suite 140
Nashua, NH 03060
Phones: (978) 256-5557
(603) 594-3025
Fax: (978) 256-1835
www.massent.com

MYRINGOTOMY AND VENTILATION TUBE(S)
Both Ears Left Ear Right Ear

Possible risks include, but are not limited to:

1. Excessive bleeding.
2. Infection.
3. Obstruction of the tube by blood, secretions, wax.
4. Premature extrusion of the tube requiring re-insertion
5. Retention of tube, occasionally requiring removal under anesthesia
6. Drainage, often related to water exposure/contamination. In a few instances, there will be chronic drainage unresponsive to medications. If this occurs, tube removal may be required.
7. Rarely, a hole in the eardrum occurs. If it does not close, surgery may be required to fix the hole.
8. Rarely, there may be scarring of the eardrum. Even when this occurs, it is unlikely to cause any issues
9. There may be recurrence/persistence of the underlying problem or disease process, requiring further therapy, including repeat tube insertion in the future.
10. Cyst of the middle ear (cholesteatoma)
11. Anesthesia complications can occur, but serious problems are rare. However, there may be some post-operative nausea/vomiting. The anesthesiologist will discuss these issues with you prior to surgery. Since this is an elective procedure, it is best performed when the patient is healthy, to reduce the possible anesthesia risks.

Overall, it is an extremely safe and common procedure.

I understand this surgery is elective (optional) and my alternatives include not having surgery. I have read the above information and all of my questions have been answered.

Patient, Parent, or Guardian

Date

Copy given to patient